

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

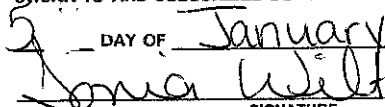
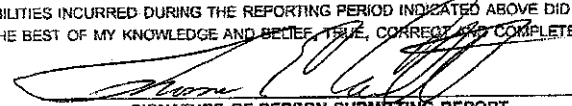
FILER IDENTIFICATION NUMBER 81-5055768		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST THOMAS E. CARLOTTI					
STREET ADDRESS 418 SHENLEY DRIVE					
CITY ERIE		STATE PA	ZIP CODE 16505 - 2232		
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE MAGISTERIAL DISTRICT JUDGE		DISTRICT NO. 06-1-03	PARTY REP	
	DATE OF ELECTION				
	MO. DAY YEAR				
	11 07 2017				
	FOR OFFICE USE ONLY				
	DATES OF REPORTING PERIOD				
	MO. DAY YEAR TO MO. DAY YEAR				
11 28 2017 TO 12 31 2017					
CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 -					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -					
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF January 20 18  SIGNATURE MY COMMISSION EXPIRES 4-3-19 MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT Thomas E. CARLOTTI PRINTED NAME 814 456-2114 AREA CODE DAYTIME TELEPHONE NUMBER
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COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 Notary Public

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF _____ 20 ____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER
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Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280